

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH, LICENSURE UNIT, HEALTHCARE FACILITIES  
Request For Waiver of Construction or  
Physical Plant Requirements  
For Licensed Health Facilities**

**Facility Name:** \_\_\_\_\_ **License Type:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **License #:** \_\_\_\_\_

**Street** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**1. State the rule, regulation, or standard you are requesting to have waived:**

**2. Explain how the rule, regulation, or standard creates an unreasonable hardship on the facility:**

**A. Specify the estimated cost of the modification or installation necessary to comply with the rule, regulation or standard.**

**\$**

**B. Specify the extent and duration of the disruption to the normal use of the patient or resident areas resulting from the modification or installation, e.g., construction work.**

**C. Estimate the time period it would take to recover cost of the modification or installation:**

**Indicate how such cost will be recovered**

**i. Reduced insurance premiums:**

**ii. Increased reimbursement related to cost:**

**iii. Other:**

**Explain:**

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D. Indicate if financing is available for the modification or installation.

 YES  NO

E. Specify the remaining useful life of the building: \_\_\_\_\_ years.

3. Explain why the waiver of the rule, regulation, or standard will not unduly jeopardize the health or welfare of the patients or residents:

Person requesting this waiver:

Name \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_

**Return This Form To:**

Department of Health and Human Services – Public Health, Licensure Unit  
301 Centennial Mall South, 3rd Floor  
P.O. Box 94986  
Lincoln, NE 68509-4986  
Attention: FACILITY CONSTRUCTION

Or Email it to:

**[DHHS.facilityconstruction@nebraska.gov](mailto:DHHS.facilityconstruction@nebraska.gov)**

For Departmental Use Only:

Waiver: Approved  Disapproved 

By: \_\_\_\_\_ Date: \_\_\_\_\_

Date Waiver Approval Sent to the Facility:

Type:  Special  Indefinite  Temporary  Other \_\_\_\_\_